


EMPLOYMENT APPLICATION

TYPE OR PRINT IN INK ONLY



Return To:

Costa Mesa Sanitary District
Personnel Division
628 West 19th Street
Costa Mesa, CA 92627
(949) 645-8400 ext. 222
www.cmsdca.gov

Exact title of position for which you are applying:

Last Name

First Name

MI

Phone: Home/Message () -

Work () -

Social Security Number:

-

-

Street Address

Apt. #

City

State

Zip Code

DRIVER'S LICENSE:

Check box of valid California Driver's License you have.

☐ Class C (auto)

☐ Class A (heavy trucks, tractor/trailer)

License Number: _____

☐ Class B (buses)

☐ Class M (motorcycle)

Expires: _____ Year _____

EDUCATION:

(Circle highest grade or degree completed:)

☐ High School: 9 10 11 12

☐ G.E.D. Certificate

☐ Cal. High School Proficiency Test

College: AA BS/BA MS/MA

College/University:

Units Completed

Type of Degree:

Major or Course Study:

Semester:

Quarter:

College/University:

Units Completed

Type of Degree:

Major or Course Study:

Semester:

Quarter:

College/University:

Units Completed

Type of Degree

Major or Course Study:

Semester:

Quarter:

Job-Related Training Completed

Agency Providing Training

Length of Training

Year Completed

Professional License/Certificate Possessed:

Number:

Issued By:

Date Issued:

Expiration Date:

Professional License/Certificate Possessed:

Number:

Issued By:

Date Issued:

Expiration Date:

CURRENT OR PREVIOUS EMPLOYMENT WITH THE COSTA MESA SANITARY DISTRICT:

(Check one box)

☐ Never

☐ Current

☐ Former

Job Title: _____

Date employed with the Costa Mesa Sanitary District:

From: _____

DATE STAMP

FOR PERSONNEL DIVISION ONLY

OFFICE USE ONLY

☐ Accepted

☐ Rejected For:

☐ Lacks Educ./Exp.

☐ Lacks Lic./Certif.

☐ Incomplete App./Insuff. Info.

☐ Late Submission

☐ Other _____

By: _____

Date _____

The voluntary information on both sides of this tear-off sheet is for statistical purposes only and will be kept confidential by the Personnel Division.

JOB TITLE: _____

Name: _____

SSN: _____

ETHNIC ORIGIN: (Please check one)

☐ White (Includes Indo-European, Pakistani, East Indian.)

☐ Afro-American (Includes African, Jamaican, Trinadian, and West Indian.)

☐ Hispanic (Includes Mexican, Puerto Rican, Cuban, Latin American or Spanish.)

☐ Asian or Pacific Islander (Includes Japanese, Chinese, Korean or Vietnamese.)

☐ American Indian or Alaskan Native (Includes persons who identify themselves or are known as such by virtue of tribal association.)

☐ Filipino (Includes only Filipino.)

☐ Other: _____

Sex: ☐ Male ☐ Female

Are you under 21 years of age? ☐ Yes ☐ No

Are you 40 years of age or older? ☐ Yes ☐ No

Do you require special accommodation in the application/testing process? ☐ Yes ☐ No

If yes, you must notify the Personnel Department at 754-5350 at least 72 hours prior to the test date.

Will you be able to perform the essential duties of this job without accommodation? ☐ Yes ☐ No

If not, how would you perform the task, and with what accommodation?

The Costa Mesa Sanitary District is committed to providing reasonable accommodations to applicants and employees with known disabilities.

EXPERIENCE: *Begin with your most recent experience.* List all experience gained in the last several years, including periods of self-employment and military service. Give full details about experience which, in your opinion, makes you qualified for the job for which you are applying. In addition, list any volunteer experience which you believe has enhanced your qualifications. For full consideration, you must provide all information requested about your qualifications and work record.

Mo/Yr to Mo/Yr	Name and Address of Business or Agency/Department	Title of Your Position	No. Empl. Under Your Supervision
Hours Per Week		Name of Supervisor	Supervisor's Phone No.
Salary/Month \$	Duties: _____		
Reason for Leaving _____ _____ _____	_____		

	Your Name With This Agency If Different Than Current Name		

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Reason for Leaving _____ _____ _____	_____		

	Your Name With This Agency If Different Than Current Name		

CERTIFICATE OF APPLICANT: I certify that all statements made in this application and attachments are true, and I agree and understand that misstatements or omissions of any material fact may be cause for disqualification or dismissal from employment with the Costa Mesa Sanitary District. I also grant permission to the Costa Mesa Sanitary District to verify any and all information contained within by contacting former employers and schools, etc.

Pursuant to the Immigration Reform and Control Act (RCA) of 1986, ***all*** new-hire applicants will be required to show proof of legal residence entitling them to work in the United States prior to becoming an employee of the Costa Mesa Sanitary District.

Pursuant to Title I, Section 3100 of the California Government Code, all employees are declared to be disaster service workers in the event of an emergency or disaster.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted at the direction of Personnel staff, I am entitled to copies of any such records obtained, if requested, unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records, if requested, even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

May we contact your present employer? ☐ Yes ☐ No

SIGNATURE: _____

DATE: _____

Please notify the Personnel Division if you have a disability which requires accommodation in the application/testing process.

CONVICTIONS: As an adult, have you ever been convicted of a crime by any court? (Omit minor traffic violations.) If “Yes”, complete details below. Please note that conviction is not an automatic bar to employment. Each case is considered individually.			
OFFENSE	PLACE	DATE	PENALTY